

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

097622964

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3	/						53						
4	/						54						
5		/					55						
6		/					56						
7	/						57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13	/						63						
14	/						64						
15		0					65						
16		0					66						
17	/						67						
18	/						68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	8	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	10	↓		↓		↓	TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS	18						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS